MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

03168

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Garrett
City or town: Oakland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ---
Stay in hospital or inst. (yrs., or mos., or days): ---
Stay in this community (yrs., or mos., or days): 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland. County: Garrett
City or town: Oakland, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: ---
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ---

3. (a) FULL NAME: Lydia Mae Alvey

3. (b) Social Security Number: ----

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife: ----
6(c) If alive, give age: --- years

7. Birth date of deceased (mo., day, yr.): March 2, 1940

8. AGE: Years	Months	Days	If less than one day
---	---	1	---hrs. ---min.

9. Birthplace: Oakland, Garrett Co., Md. (Town, county, and state)
10. Usual occupation: ----
11. Industry or business: ----

FATHER
12. Name: Bernard Alvey
13. Birthplace: Lusby, Calvert Co., Md.

MOTHER
14. Maiden name: Josephine Winters
15. Birthplace: Eglon, Preston Co., W. Va.

16. Informant: Bernard Alvey
Address: Oakland, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 3, 1940 (month) (day) (year)
Cemetery or Crematory: xxxxMt. Carmel
Location: Aurora, Preston Co., W. Va.

18. Funeral director: Herbert C. Leighton
Address: Oakland, Maryland

19. Mch. 4 1940 Julia Rowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 3, 1940 10:40P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 2 1940, to March 3 1940, and that I last saw her alive on Mar. 3 1940.

Immediate cause of death: Pulmonary Edema
Due to: Cerebral Hemorrhage
Due to: Insufficient Respiratory Impulse
Other conditions:
(Include pregnancy within 3 months of death)

DURATION

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: A. E. Mance, M.D. M. D. or other
Address: Oakland, Md. Date signed 3/3-40.

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APR 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-d)

CERTIFICATE OF DEATH

03169

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett

City or town Oakland, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 49

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland, County Garrett.

City or town Oakland, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME John Ault.

3. (b) Social Security Number No.

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife Ella Ault.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 30th 1852

8. AGE: Years 87 | Months 1 | Days 27 | If less than one day ____ hrs. ____ min.

9. Birthplace Accident, Maryland.
(Town, county, and state)

10. Usual occupation Contractor.

11. Industry or business

FATHER
12. Name George Ault.
13. Birthplace Germany.

MOTHER
14. Maiden name Catherine Smith.
15. Birthplace Germany.

16. Informant Mrs. Fred Brown.
Address Cumberland, Maryland.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof March 6th, 1940
(month) (day) (year)

Cemetery or crematory Oakland, Cemetery
Location Oakland, Maryland.

18. Funeral director Emroy D. Bolden.
Address Oakland, Maryland.

19. Mch. 4, 1940 Julia Rowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4th, 1940 19__, at 1:25 A.M. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 18 1940, to Mar 4 1940, and that I last saw him alive on Mar 3rd 1940.

Immediate cause of death Infirmities of old age

Due to

Due to

Other conditions Myocarditis Chronic
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION: 10 years

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE M. C. Hunbaugh
M. D., or other
Address Oakland Md. Date signed March 4

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BUREAU V. S.

03170

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (170-e)

County Garrett Registration Dist. No. 166

Village or City Oakland, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Martin Ball. If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Ball

6. DATE OF BIRTH (month, day, and year) April 29th 1887.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Truck driver

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ohio. (State or country)

FATHER

13. NAME Daniel Ball

14. BIRTHPLACE (city or town) West Va. (State or country)

MOTHER

15. MAIDEN NAME Amelia Clark.

16. BIRTHPLACE (city or town) Ohio (State or country)

17. INFORMANT Mrs. Jim Ball. (Address) Terra Alta, W. Va.

18. BURIAL, CREMATION, OR REMOVAL Place Cadwell Ohio. Date March 19, 1940

19. UNDERTAKER Emroy D. Bolden. (Address) Oakland, Md.

20. FILED 3/18/, 1940 Julia Rowan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 16, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dead at time of examination. 19 to 19

I last saw h elive on 19; death is said to have occurred on the date stated above, at 4:15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
(a) Compound fracture Skull Occipital region.	3/16/40
(b) Crushing injuries bones of face.	3/16/40
(c) Fractured 5 & 6 Cerv. Vert	3/16/40

Other Contributory Causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/16/40

Where did injury occur? near Oakland, Md. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Public road, 1.5 miles w. of Oakland

Manner of injury Automobile accident.

Nature of injury See causes of death.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. Irving Baumgartner M.D. M. D.

(Address) Oakland, Maryland.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

03171

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH:

County Garrett

City or town Rural-near Swanton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 70 yrs, 11m-28da,

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Rural near Swanton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. North Glade Community - Route 2
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Richard West Beckman

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mary Elizabeth Pritts Beckman

6(c) If alive, give age 59 years 10 M.

7. Birth date of deceased (mo., day, yr.) Mar. 18, 1869

8. AGE: Years 71 | Months 11 | Days 28 | If less than one day ___ hrs. ___ min.

9. Birthplace (Rural) Swanton, Garrett Co., Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own Farm

FATHER
12. Name Theodore Beckman
13. Birthplace (Near) Swanton, Md

MOTHER
14. Maiden name Louisa O'Brien
15. Birthplace Flat Woods, near Accident, Md

16. Informant Mrs. O. F. Sharpless

Address Blaine, West Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar (month) (day) (year) 1940

Cemetery or crematory Fitzwater Cemetery

Location North Glade, Garrett Co, Md

18. Funeral director Otha F. Sharpless

Address Blaine, W. Va.

19. 3-19 (Date rec'd by registrar) 1940 A W Barrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 16 1940, at 11a 15 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 10 1940 to Feb 16 1940, and that I last saw him alive on March 15 1940.

Immediate cause of death Coronary Thrombosis
" occlusion

Due to

Due to

Other conditions Arterio Sclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 2 mo.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James F. Wolverton M. D. or other

Address Sudenburg W Va Date signed

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APR 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (160-E)

CERTIFICATE OF DEATH

03172

Reg. Dist. No. 162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Garrett

City or town: Rural Near Grantsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Garrett

City or town: Rural Near Grantsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 6 miles West of G, on Negro Mt.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Betty Jane Bittinger

3. (b) Social Security Number: None

4. Sex	5. Color or race	6(a) Single, married, widowed, or divorced
F.	W.	S.

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 19 1940

8. AGE: Years —; Months —; Days 3; If less than one day: hrs. min.

9. Birthplace: Rural Near Grantsville (Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER

12. Name: Harry Edward Bittinger

13. Birthplace: Rural Near Grantsville, Maryland

MOTHER

14. Maiden name: Grace Durst

15. Birthplace: Rural near Grantsville, Maryland

16. Informant: Harry E. Bittinger

Address: Grantsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 23, 1940 (month) (day) (year)

Cemetery or crematory: Richard Durst Cemetery

Location: Negro Mountain

18. Funeral director: Harry E. Bittinger

Address: Grantsville, Md.

19. 3-22-40 (Date rec'd by registrar) 19 Clyde F. Barker Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 22, 1940, at 4:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death: Unknown — Died of a cerebral compression

Due to: Infant had "spasms" immediately after its birth, continuing until its death three days later

Due to: C. & R.

Other conditions: No doctor was in attendance

(Include pregnancy within 3 months of death)

DURATION

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Clyde F. Barker, Local Registrar (M. D. or other)

Address: Grantsville, Md. Date signed: 3-22-40

RECEIVED
APR 8 1940
BUREAU V. S.

Has Mch 12 on B.C.
Same plug.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

03173

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett

City or town Deer Park
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ----

Stay in hospital or Inst. (yrs., or mos., or days) ----

Stay in this community (yrs., or mos., or days) 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland. County Garrett

City or town Deer Park Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ----
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ----

3. (a) FULL NAME: Dennie Denver Browning Jr.

3. (b) Social Security Number: ----

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Child

6 (b) Name of husband or wife ----

6 (c) If alive, give age ---- years

7. Birth date of deceased (mo., day, yr.) March 11, 1940

8. AGE: Years --- Months ---- Days 1 If less than one day ___ hrs. ___ min.

9. Birthplace Deer Park, Garrett Co., Md.
(Town, county, and state)

10. Usual occupation -----

11. Industry or business -----

FATHER
12. Name Dennie Denver Browning
13. Birthplace Deer Park, Md.

MOTHER
14. Maiden name Willard Goss
15. Birthplace Crellin, Md.

16. Informant Mrs. Willard Browning
Address Deer Park, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 13, 1940 (month) (day) (year)

Cemetery or crematory Deer Park

Location Deer Park, Md.

18. Funeral director Herbert C. Leighton
Address Oakland, Maryland.

19. Mch. 13, 1940 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12, 1940 19 6:00P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from march 12 1940, to March 12 1940, and that I last saw him alive on March 12 1940.

Immediate cause of death Premature birth

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. E. Mance, M.D. M. D. or other

Address Oakland, Md. Date signed 3/13/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

03174

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Garrett
City or town Mt. Lake Park, Md. Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ----
Stay in hospital or inst. (yrs., or mos., or days) ----
Stay in this community (yrs., or mos., or days) 5 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland. County Garrett
City or town Rural - Mt. Lake Park, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1 Mile So. Mt. Lake Park, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ------

3. (a) FULL NAME Edwin Hill Canan

3. (b) Social Security Number -----

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rebecca Frances (Patterson) Canan
6(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1857

8. AGE: Years	Months	Days	If less than one day
82	4	26	---- hrs. ---- min.

9. Birthplace Franklin, Benango Co., Pa. (Town, county, and state)
10. Usual occupation Supt. Gas Pump Station
11. Industry or business Oil and Gas

FATHER
12. Name Robert Canan
13. Birthplace Benango Co., Pa.

MOTHER
14. Maiden name Sarah Hobis
15. Birthplace Benango Co., Pa.

16. Informant Mrs. Rebecca Frances Canan
Address Mt. Lake Park, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 6, 1940 (month) (day) (year)
Cemetery or Crematory XXXX Oakland, Maryland.
Location Oakland, Maryland.
18. Funeral director Herbert C. Leighton
Address Oakland, Maryland.

19 3/5/ 1940 Julia Rowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3, 1940 11:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 1939, to March 3 1940, and that I last saw him alive on February 25, 1940.

Immediate cause of death	DURATION
Coronary occlusion, with alternation & gallop rhythm	1 yr
Due to Arteriosclerosis	15 yrs
Due to	
Other conditions Arteriosclerotic Nephritis	10 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ---- Date of ----
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ----
Means of injury ---- Injured at work?

23. SIGNATURE Harold C. Miller M.D.
M. D. or other
Address Eglon, W.Va. Date signed 3/6/40.

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APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (51-6)

03175

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH:
County Garrett
City or town Kitzmiller
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 18 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Garrett
City or town Kitzmiller Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME William Francis Davis

3. (b) Social Security Number none

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Willie Canzadia Davis
6(c) If alive, give age 75 years
7. Birth date of deceased (mo., day, yr.) June 19 1861

8. AGE: Years 78 Months 8 Days 25 If less than one day ___ hrs. ___ min.

9. Birthplace Coal Banks, Preston, W. Va.
(Town, county, and state)
10. Usual occupation Miner
11. Industry or business Coal Mine

FATHER
12. Name William Lewis Davis
13. Birthplace Mt Zion Garrett Co. Md

MOTHER
14. Maiden name Elizabeth
15. Birthplace Sinclair W. Va.

16. Informant Mrs. W. F. Davis
Address Kitzmiller, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof March 17 1940
(month) (day) (year)
Cemetery or crematory Nethakin Hill
Location Elk Garden W. Va.
18. Funeral director D. S. Boal
Address Barton, Md

19. March 17 1940 L. C. Bray
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14th 1940, at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1937, to March 14 1940, and that I last saw h im alive on March 14 1940.

Immediate cause of death	DURATION
Acute myocarditis	3 days
Due to Auricular Fibrillation	1935
Due to Hypertensive Heart Disease	1930
Other conditions Carcinoma of Prostate	?
Bronchial Asthma	1930 ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Ralph Calandrella M.D.
M. D. or other
Address Kitzmiller, Md Date signed March 15-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (183)

CERTIFICATE OF DEATH

03176

Reg. Dist. No. 166

1. PLACE OF DEATH:
County Ga rrett
City or town Gormania, W. Va.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or Inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State West V irginia County
City or town Gormania, W. Va. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME C atherine May Dilgard.

3. (b) Social Security Number No.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife G odf rey Dilgard.
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21st, 1859

8. AGE:

Years	Months	Days	If less than one day
81		9	hrs. min.

9. Birthplace Germany (Town, county, and state)
10. Usual occupation Housekeeper
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden name Unknown
15. Birthplace

16. Informant M iss Anna Dilgard
Address Gormania, W. Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 2d, 1940 (month) (day) (year)
Cemetery or crematory Pen sulia Cemetery
Location Wheeling, W. Va.

18. Funeral director Emroy D. Bolden
Address Oakland, M d.

April 11 1940 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1940, at 1:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to March 30 1940, and that I last saw h alive on 19

Immediate cause of death Accidental Drowning in Potomac River.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accidental Drowning Date of 3-30-40
Where did injury occur? Gorman (City or town), Garrett (County), Md (State)
Injured at home, farm, industry, public place (where?) Potomac River
Means of injury Injured at work?

23. SIGNATURE A. E. Mance, M D. M. D. or other
Address Oakland Md. Date signed 4-1-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

03177

Reg. Dist. No. 168

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Garrett
City or town Enzel md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 60 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Enzel md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harriett Anna Enzel

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Edward Enzel deceased
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct - 16 - 1859

8. AGE:

Years	Months	Days	If less than one day
80	4	21	hrs. min.

9. Birthplace Mt Savage Md
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Joseph Jenkins
13. Birthplace Wales
MOTHER 14. Maiden name Sarah Kalklizere
15. Birthplace Germany
16. Informant John Werner
Address Enzel Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 10, 1940 (month) (day) (year)
Cemetery or crematory Enzel Cemetery
Location Enzel, Md.
18. Funeral director Jacob Hafer
Address Frostburg, Md.
19. March 8 1940 (Date rec'd by registrar) Thomas Crowe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1940, at 3:50 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1939, to May 7 1940, and that I last saw h alive on May 7 1940.

Immediate cause of death	DURATION
Chronic Myocarditis	7
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W O M Lane Jr M D
M. D. or other
Address Frostburg Md Date signed May 9 1940

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83)

CERTIFICATE OF DEATH

03178

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Garrett

City or town: McHenry, md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 1870

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Garret

City or town: M cHenry, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Catherine Frazee.

3. (b) Social Security Number: No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Lucian Frazee.

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 11th 1847.

8. AGE: Years	Months	Days	If less than one day
92	7	11	hrs. min.

9. Birthplace: Garrett County.
(Town, county, and state)

10. Usual occupation: House wife.

11. Industry or business

FATHER 12. Name: George Thomas.

13. Birthplace: Fayette County Pa.

MOTHER 14. Maiden name: Nancy Umbel

15. Birthplace: Markleysbury . pa.

16. Informant: Mrs. C. I. Wright.

Address: McH enry. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March, 24thl 940 (month) (day) (year)

Cemetery or crematory: Frazee Ridge Cemetery

Location: Frazee Ridge,

18. Funeral director: Emroy D. Bolden.

Address: Oakland, Md.

19. Mch 24 1940 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 22d, 1940, at 4:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 21 19 40, to March 24 19 40, and that I last saw h- alive on March 21 19 40.

Immediate cause of death	DURATION
Cerebral Thrombosis	1 wk
Bronchopneumonia	4 days
Due to Arteriosclerosis	30 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Eugene Greenwood MD M. D. or other

Address: Frie[illegible] MD Date signed 3-24-40

RECEIVED
APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

03179

Reg. Dist. No. 172

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Garrett
City or town: Kitzmiller
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 87 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Garrett
City or town: Kitzmiller, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Elijah Alphes Harvey
3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Rachel Susan Harvey
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 12, 1852

8. AGE:

Years	Months	Days	If less than one day
87	3	24	hrs. min.

9. Birthplace: Kitzmiller, Garrett Co., Md (Town, county, and state)
10. Usual occupation: Blacksmith & Farmer
11. Industry or business

FATHER
12. Name: Alex Harvey
13. Birthplace: Garrett County

MOTHER
14. Maiden name: Hanna Wilson
15. Birthplace: Garrett County

16. Informant: Bertha Harvey
Address: Mc Henry, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 10 1940 (month) (day) (year)
Cemetery or crematory: Short Run
Location: Near Kitzmiller, Md.

18. Funeral director: O. J. Sharpless
Address: Blaine, W. Va.

19. 3/9 1940 (Date rec'd by registrar) A. W. Barrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar. 6 1940, at M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb. 1933, to March 6 1940, and that I last saw h i m alive on March 6 1940.

Immediate cause of death	CURATION
Acute Myocarditis	3 days
Due to Cerebral Hemorrhage	3 days
Due to Hypertension	10 yrs
Other conditions Auricular Fibrillation	10 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Ralph Calandrella M.D.
M. D. or other
Address: Kitzmiller, Md Date signed March 8-40

RECEIVED
APR 3 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03180

Reg. Dist. No. 163

1. PLACE OF DEATH:
County: Garrett
City or town: (near) Westernport, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 47 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME: Steward Dorsey Michael

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Elizabeth Wilkinson Michael
6(c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): Mar. 9, 1891.

8. AGE: Years: 48 | Months: 9 | Days: 24 | If less than one day: hrs. min.

9. Birthplace: near Westernport, Garrett, Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Farm.

FATHER
12. Name: George T. Michael
13. Birthplace: (near) Westernport, Md.

MOTHER
14. Maiden name: Leah M. Michael
15. Birthplace: Georgetown, Ohio.

18. Informant: Lillian Burke
Address: Westernport, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 6, 1940 (month) (day) (year)
Cemetery or crematory: Philos
Location: Westernport, Md.

18. Funeral director: D.S. Boal.
Address: Westernport, Md.

19. Mar. 6 1940 (Date rec'd by registrar) Dorsey Pattison Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar. 3 1940, at 9a.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940, to March 3 1940, and that I last saw him alive on March 3 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 5 yrs

Due to:

Due to:

Diher conditions: Secondary Anemia — 1 yr.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: P E Berry M. D. or other
Address: Piedmont W. Va. Date signed: Mar. 4-40

RECEIVED
APR 9 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13th)

CERTIFICATE OF DEATH

03181

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett

City or town Oakland, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life Time

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland, County Garrett

City or town Oakland, Maryland. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Spanish Americ an War.

3. (a) FULL NAME Simon M yers.

3. (b) Social Security Number No

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M ale	White	Single.

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) N ov ember 25th, 1863 .

8. AGE: Years	Months	Days	If less than one day
77	3	11	hrs. min.

9. Birthplace Garrett Connty.
(Town, county, and state)

10. Usual occupation Retired Labor

11. Industry or business

FATHER
12. Name Hen ry Myers.
13. Birthplace Germany.

MOTHER
14. Maiden name C aroline Elizabeth Durst.
15. Birthplace Pennsylvania.

16. Informant Henry M yers.
Address Oakland, Maryland.

17. B urial
(Burial, cremation, or removal. Which?)
Date thereof March 7th, 1940
(month) (day) (year)

Cemetery or crematory Oakland, Cemetery

Location O akland, Md.

18. Funeral director Emroy D. Bolden.
Address Oakland, Md.

19. Mch. 6. 1940 Julia Rowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5th, 1940 19 , at 7:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 14 1940, to Mar 5 1940, and that I last saw him alive on March 5 1940.

Immediate cause of death Bronchopneumonia

DURATION

Due to

Due to

Other conditions Chronic Nephritis year

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Df autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. C. Hunebaugh M.D. or other

Address Oakland Date signed Mar 5 1940

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (157-2)

CERTIFICATE OF DEATH

03182

Reg. Dist. No. 163

1. PLACE OF DEATH:
County Garrett
City or town Bloomington
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME "Baby" Girl Rizer

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Mar. 26, 1940
8. AGE: Years | Months | Days | If less than one day: 6 hrs. 30 min.
9. Birthplace: Bloomington, Garrett, Md. (Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER
12. Name: Palmer Rizer
13. Birthplace: Hyndman, Pa.
MOTHER
14. Maiden name: Opal Clark
15. Birthplace: Bloomington, Md.
16. Informant: Palmer Rizer
Address: Bloomington, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 27, 1940 (month) (day) (year)
Cemetery or crematory: Bloomington, Md.
Location: Bloomington, Md.
18. Funeral director: D. S. Boal
Address: Westernport, Md.
19. Mar. 27 1940 (Date rec'd by registrar) Dorsey Patterson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 26 1940, at 6:25 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 26 1940, to March 26 1940, and that I last saw her alive on March 26 1940.
Immediate cause of death: Patent Foramen Ovale — DURATION: 3/26/40
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: P E Berry M.D. M. D. ~~or other~~
Address: Piedmont, Wva Date signed: 3/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 3 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

03183

Reg. Dist. No. 6 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Garrett
City or town: Rural near Deer Park
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: -----
Stay in hospital or inst. (yrs., or mos., or days): ----
Stay in this community (yrs., or mos., or days): 21 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Garrett
City or town: Rural near Deer Park Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 5 Miles So. Deer Park
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ----

3. (a) FULL NAME: Albert Thomas Shockey

3. (b) Social Security Number: -----

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Alberta (Harvey) Shockey
6(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): July 13, 1866

8. AGE:

Years	Months	Days	If less than one day
73	8	14	---- hrs. ---- min.

9. Birthplace: Randolph Co., W. Va.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Own Farm

FATHER
12. Name: Henry Shockey
13. Birthplace: Kentucky

MOTHER
14. Maiden name: ---- Larkins
15. Birthplace: Unknown

16. Informant: Mrs. Alberta Shockey
Address: R. D. Deer Park, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 29, 1940 (month) (day) (year)
Cemetery or crematory: White Church
Location: 5 Miles So. Mt. Lake Park, Md.

18. Funeral director: Herbert C. Leighton
Address: Oakland, Maryland.

19. Mch 28 1940 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27, 1940 1:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 27 1940, to March 27 1940, and that I last saw him alive on March 27 1940.

Immediate cause of death: Coronary Occlusion — DURATION

Due to: Hypertension

Due to: Senile Senility

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ---- Date of ----
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: A. E. Mann, M.D. M. D. or other
Address: Oakland, Md. Date signed 3/29/40

RECEIVED
APR 8 1940
BUREAU V. S.

03184

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-00)

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH:

County Garrett

City or town Vindex
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 26 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Vindex Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Ellen Stewart

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James Stewart

6(c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.): July 14, 1864

8. AGE: Years 75 | Months 8 | Days 2 | If less than one day ___ hrs. ___ min.

9. Birthplace Tunnelton, Preston Co. W. Va
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own home

FATHER
12. Name Isaac Shaffer
13. Birthplace Rowlesburg, W. Va.

MOTHER
14. Maiden name Lucinda Watkins
15. Birthplace Tunnelton, W. Va

16. Informant Mrs. Cassell Tasker

Address Kempton, W. Va

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 18 1940 (month) (day) (year)

Cemetery or crematory Nethken Hill Cemetery

Location Elk Garden, W. Va

18. Funeral director Otha F. Sharpless

Address Blaine, W. Va

19. 3/18 1940 (Date rec'd by registrar) A W Barrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 16 1940, at 7:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 14 1940, to March 14 1940, and that I last saw her alive on March 14 1940.

	DURATION
Immediate cause of death: Acute Myocarditis	?
Due to Auricular Fibrillation	1935
Due to Cerebral Hemorrage with left sided paralysis	1 week
Other conditions: Hypertension (Include pregnancy within 3 months of death)	1930 ?

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ralph Calandrella M.D.
M. D. or other

Address Ritzmiller, Md Date signed 3-18-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-P)

03185

CERTIFICATE OF DEATH

Reg. Dist. No. 162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Garrett (Garrett)

City or town: Grantsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 55 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Garrett

City or town: Grantsville Ward No.: —

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Bertha Swager (Swauger)

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Albert Swager

6(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): March 16-1880

8. AGE:

Years	Months	Days	If less than one day
59	11	22	____ hrs. ____ min.

9. Birthplace: Bittinger Garrett Md. (Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business

FATHER

12. Name: Henry Bittinger

13. Birthplace: Bittinger Md

MOTHER

14. Maiden name: Elizabeth Hoover

15. Birthplace: Jennings Md

16. Informant: Albert Swager

Address: Grantsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May-11-40 (month) (day) (year)

Cemetery or crematory: Grantsville cemetary

Location: Near Grantsville

18. Funeral director: Wm. Winebrenner

Address: Grantsville Md

19. 3-11-40 (Date rec'd by registrar) Clyde F. Broder Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar 9 1940, at 11:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1939, to Mar 9 1940, and that I last saw h[er] alive on Mar 9 1940.

Immediate cause of death: Carcinoma of Stomache (Primary) and Liver — DURATION: 1 yr

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: H. R. Davis M. D.

M. D. or other

Address: Grantsville Md. Date signed: May 10

RECEIVED
APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-P)

CERTIFICATE OF DEATH

03186

Reg. Dist. No. 16-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Garrett

City or town: (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mill Run.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 1 year.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Garrett.

City or town: Somerfield Pa R F D. Ward No.: Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Mill Run
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Elizabeth Tarr.

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Divorced

6 (b) Name of husband or wife: Andrew Tarr

6(c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): February 9, 1890

8. AGE: Years	Months	Days	If less than one day
50	0	24	____ hrs. ____ min.

9. Birthplace: Austro-Hungary (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own home

FATHER
12. Name: Andrew Morosz
13. Birthplace: Austro-Hungary

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Margaret Tarr

Address: Somerfield, Pa RFD.

17. removal (Burial, cremation, or removal. Which?) Date thereof: March 5, 1940 (month) (day) (year)

Cemetery or crematory:

Location: McKeesport, Pa.

18. Funeral director: W. W. Savage

Address: Friedens Pa

19. 3-3 1940 (Date rec'd by registrar) Jeannette Statler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 3 1940, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20 1939, to March 3 1940, and that I last saw h-- alive on March 3 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	3 days.
Due to Chronic Glomerulo-Nephritis	10 yr.
Hypertension.	5 yr.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Eugene Greenwood M.D. M. D. or other

Address: Friedensville, Md. Date signed: 3-3-40

RECEIVED
APR 4 19

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

03187

Reg. Dist. No. 10

1. PLACE OF DEATH:
County Garrett
City or town Altamont
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ----
Stay in hospital or inst. (yrs., or mos., or days) ----
Stay in this community (yrs., or mos., or days) 60 Yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Altamont Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ---
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ----

3. (a) FULL NAME Mary Elizabeth (Harvey) Upole

3. (b) Social Security Number -----

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife William Smith Upole
6(c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) January 23, 1867

8. AGE: Years	Months	Days	If less than one day
73	1	24	---- hrs. ---- min.

9. Birthplace Mineral Co., W. Va. (Town, county, and state)
10. Usual occupation House Wife
11. Industry or business Own Home

FATHER
12. Name James W. Harvey
13. Birthplace Garrett Co., Md.

MOTHER
14. Maiden name Elizabeth Murphy
15. Birthplace Mineral Co., W. Va.

16. Informant W. Smith Upole
Address Altamont, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 21, 1940 (month) (day) (year)
Cemetery or crematory Deer Park,
Location Deer Park, Maryland,
18. Funeral director Herbert C. Leighton
Address Oakland, Maryland.

19 Mch 20. 1940 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1940 19 3:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 17 1940, to ---- 19----, and that I last saw h er alive on March 17 1940.

	DURATION
Immediate cause of death: Coronary Thrombosis	2 days
Due to: Chronic Myocarditis	?
Due to: Auricular Fibrillation	?
Other conditions: Cholecystitis	?
Cholelithiasis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Ralph Calandrella M.D.
M. D. or other
Address Kitzmiller, Md Date signed 3-25-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 8 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03188

Reg. Dist. No. 167

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Garrett
City or town Rural near Oakland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: -----
Stay in hospital or inst. (yrs., or mos., or days) -----
Stay in this community (yrs., or mos., or days) -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland. County Garrett
City or town Rural Near Oakland, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Near Red House
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR -----

3. (a) FULL NAME: Baby Warnick

3. (b) Social Security Number: -----

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Child

6 (b) Name of husband or wife -----

6(c) If alive, give age ----- years

7. Birth date of deceased (mo., day, yr.) March 16, 1940

8. AGE:

Years	Months	Days	If less than one day
----	---	---	-- hrs. -- min.

9. Birthplace R. D. Oakland, Garrett Co., Md.
(Town, county, and state)

10. Usual occupation ----

11. Industry or business ----

FATHER
12. Name Leroy Vernon Warnick
13. Birthplace Bloomington, Md.

MOTHER
14. Maiden name Jenevieve Lucile Sanders
15. Birthplace R. D. Oakland, Md.

16. Informant Leroy V. Warnick
Address R. D. Oakland, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 16, 1940 (month) (day) (year)
Cemetery or crematory Red House
Location 9 Miles So. Oakland, Md.

18. Funeral director Herbert C. Leighton
Address Oakland, Md.

19. April 3 1940 (Date rec'd by registrar) Elmer C. Shaffer Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16, 1940 19 2:30 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 16 19 40, to — 19 —, and that I last saw h- alive on March 16 19 40

Immediate cause of death 9 intracranial hemorrhage. — DURATION

Due to ----

Due to ----

Other conditions Deformity of head

(Include pregnancy within 3 months of death)

Major findings:
Of operations ----
Of autopsy ----

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ---- Date of ----
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ----
Means of injury ---- Injured at work?

23. SIGNATURE Elise R. Berger, M.D. M. D. or other
Address Oakland, Md. Date signed 3-21-40

Elmer Shaffer